

Case Number:	CM15-0006362		
Date Assigned:	01/26/2015	Date of Injury:	08/20/2012
Decision Date:	03/13/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/12/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48 year old female, who sustained an industrial injury on 8/20/2012. The diagnoses have included left shoulder impingement and rotator cuff tear. Treatment to date has included physical therapy, acupuncture, massage and aqua therapy. Surgical history included left shoulder surgery on 5/5/2014 and right ankle surgery on 6/9/2014. According to the orthopedic progress report from 12/18/2014, the injured worker was seen for follow-up of her left shoulder. She was trying to exercise but continued to have pain with certain motion. Physical exam revealed pain at the end of range of motion. The physician plan noted that the injured worker was a very slow healer and it had been a significant time since she had worked. She had been temporarily totally disabled since 6/9/2014. Work hardening was recommended. On 12/29/2014, Utilization Review non-certified a request for 12 work hardening restoration program visits, noting that the injured worker was more than two years post injury. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

12 work hardening restoration program visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation State of California Workers' Compensation Official Medical Fee Schedule, 4/1/99 revision, pages 503-504

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines work hardening Page(s): 125.

Decision rationale: According to the guidelines, Criteria for admission to a Work Hardening Program:(1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA).(2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning.(3) Not a candidate where surgery or other treatments would clearly be warranted to improve function.(4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week.(5) A defined return to work goal agreed to by the employer & employee: (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training(6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program.(7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit.(8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less.(9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities.(10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury.According to the ODG guidelines cited in the MTUS guidelines, it is recommended for up to 10 sessions over 8 weeks. In this case, the request for work hardening was beyond 2 yrs from the time of injury. The amount of sessions requested exceeds the guideline recommendations. The defined work goal was not identified. The request for 12 sessions of work hardening is not medically necessary.